

June 3, 2011

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, SW
Washington, DC 20554

Re: ET Docket No. 08-59, Amendment of the Commission's Rules to Provide
Spectrum for the Operation of Medical Body Area Networks

Dear Ms. Dortch,

On June 1, 2011, representatives the American Society for Healthcare Engineering of the American Hospital Association ("ASHE"), Philips Healthcare ("Philips"), GE Healthcare ("GE") and the Aerospace and Flight Test Radio Coordinating Council ("AFTRCC") met with staff from the Commission's Office of Engineering and Technology. The meeting participants are listed in the Attachment to this letter.

This meeting, a follow-up to that of March 3, 2011, was for the purpose of clarifying the Joint Proposal submitted in this docket on January 13, 2011, by Philips, GE and AFTRCC (the "Joint Parties") as further discussed and refined in submissions dated March 3 and May 10, 2011. The discussion at the meeting focused on how the coordination procedures would work as proposed by the Joint Parties and on the proposed technical requirements for MBANS equipment and how they would be tested.

With regard to coordination, both ASHE and the Joint Parties stated their preference for a single MBANS coordinator. ASHE explained that it contracts with Comsearch to perform the coordination role for the Wireless Medical Telemetry Service (WMTS) and expressed its potential interest in performing the coordination duties for MBANS if the Commission authorizes the service. Comsearch representatives accompanied those of ASHE and stated their familiarity with hospital operations primarily through their work with WMTS and their experience coordinating spectrum with AFTRCC in the past. ASHE also stated that they see a benefit to registering all hospital sites using MBANS equipment in the unrestricted 2390-2400 MHz sub-band as well as those using the coordinated 2360-2390 MHz sub-band.

The discussion focused in a general manner on the processes and procedures that might be used in carrying out coordination between AFTRCC and the MBANS coordinator. The elements of the transition plan that would be required by the rules proposed by the Joint Parties

also were discussed. To facilitate immediate response to any interference report, the transition plan would provide contact information for the equipment vendor and hospital administrator at each hospital employing MBANS equipment, and pre-authorization by the hospital for the vendor or coordinator to effect re-channeling on the hospital's behalf, if need be. It also would set out a hospital-specific plan specifying the resources and means that would be employed to transition to other frequencies or to other equipment for any area from which interference appears to originate. ASHE and the vendors emphasized that the transition plan would be designed to eliminate sources of interference without disrupting essential monitoring functions at the hospital. Limiting MBANS operation to available sub-bands (including the unrestricted 2390-2400 MHz sub-band) and using other frequencies or equipment were suggested as the most likely methods that transition plans would detail. It also was noted that it is expected that in many instances only equipment located in a certain area of the facility would likely be at issue, such as top floors facing the receiver experiencing interference, and that this could limit the scope of response needed to resolve the situation. The AFTRCC coordinator would be involved as needed and receive a report upon resolution of the situation.

Discussion also focused on the equipment authorization process with regard to the e-key/beacon and unrestricted contention-based protocol requirements proposed by the Joint Parties in the draft rules. The discussion clarified that the e-key/beacon could be tested for equipment authorization purposes using a time-limited key issued by the MBANS coordinator. The merits of requiring MBANS equipment to incorporate an unrestricted contention-based protocol or substituting an industry standard were discussed, with Philips and GE agreeing to review this issue in more depth.

Pursuant to Section 1.1206 of the Commission's Rules, this letter is being electronically filed in Docket ET 08-59 and emailed to all FCC staff participants. If you have any questions, please contact David Siddall at the address below.

Marlene H. Dortch, Secretary
June 3, 2011
Page 3

Respectfully Submitted,

/s/

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Attachment: Attendees

ATTACHMENT

Attendees at FCC Meeting June 1, 2011

Office of Engineering and Technology (OET)

Julius Knapp
Geraldine Matise
Mark Settle
Brian Butler

Aerospace & Flight Test Radio Coordinating Council (AFTRCC)

Darryl Holtmeyer (by phone)
Joe Cramer (by phone)
Dan Jablonski (by phone)
Marc Ehudin (by phone)
Ken Keane (by phone)

GE Healthcare (GE)

David Davenport
Neal Seidl (by phone)
Ari Fitzgerald

Philips Healthcare (Philips)

Delroy Smith
Paul Coss
Dong Wang
David Siddall

American Society for Healthcare Engineering of the American Hospital Association (ASHE)

Dale Woodin
John Collins
Mark Gibson
Laura Fontaine
Tim Cooney